PMD38

DO NOT OVERLOOK YOUR COUNTRY-SPECIFIC CHARACTERISTICS: THE CASE OF BAROREFLEX ACTIVATION THERAPY (BAT) FOR THE TREATMENT OF RESISTANT HYPERTENSION

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OBJECTIVES: To assess clinical effectiveness, cost-effectiveness, and budget impact of Baroreflex Activation Therpay (BAT) in comparison with optimal medical treatment from a hospital and societal perspective in Spain. **METHODS:** Clinical effectiveness analysis was based on studies collected from medical databases and grey literature. Cost effectiveness and budget impact analysis was based on a Markov model using epidemiological data, risk functions and clinical management in Spain. **RESULTS:** In a simulated cohort of 55-year-old non-smoker Spanish patients with resistant hypertension, BAT significantly reduced the number of heart attacks, heart failures, strokes, end-of-stage renal disease and liver transplantations. BAT produced 0.78 additional quality-adjusted life years with an incremental societal cost of 50.400€. The resulting incremental cost-effectiveness ratio (65.000€ per QALY) was substantially larger than the one estimated for the Northern European population (7.800€ per QALY). Qualitative results were robust to all-parameter variations. **CONCLUSIONS:** Local health characteristics –both, epidemiological data and clinical management– have a large weight on cost-effectiveness results.

PMD39

ONE-YEAR COST-COMPARISON ANALYSIS OF ABSORB™ EVEROLIMUS ELUTING BIORESORBABLE VASCULAR SCAFFOLD AND XIENCE™ EVEROLIMUS ELUTING STENT: BASED ON FINDINGS FROM ABSORB II

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OBJECTIVES: The objective of this study was to compare the one-year costs related to cardiac adverse events post-index procedure discharge of Absorb and Xience. **METHODS:** Using resource use data from ABSORB II, which comprised of 501 patients randomized 2:1, one-year cardiac-related adverse event costs were calculated for the Absorb and Xience groups in 5 countries (France, Germany, Italy, The Netherlands, and Spain). Unit costs from the perspective of the health system were taken from publicly available data sources (2014 level). Costs were calculated by lipid control and diabetic status, both at baseline. Resource use categories included hospital admissions, outpatient visits, and cardiac diagnostic tests. **RESULTS:** Mean country costs ranged between 1,140-1,880 Euros for Absorb and between 1,310-2,420 Euros for Xience. Mean country-specific per patient cost differences (Absorb minus Xience) were 170 Euros in France, 220 Euros in The Netherlands, 250 Euros in Germany, 420 Euros in Italy, and 540 Euros in Spain. Cost-savings were mainly attributable to the 1.5 unit reduction in mean number of subsequent percutaneous coronary interventions (PCIs) performed in the Absorb arm compared to the Xience group (32 versus 47 per 1,000 population for all country data combined). Regardless of lipid status (lipids <2.0 mmol/l or lipids >2.0 mmol/l) and diabetic status at baseline, cardiac-related adverse event costs were reduced with Absorb. Patients with a lipid profile >2.0 mmol/l at baseline had mean country costs that ranged between 1,240-1,930 Euros for Absorb and between 1,380-2,540 Euros for Xience. Patients with diabetes at baseline had mean country costs that ranged between 1,250-1,920 Euros for Absorb and between 1,380-3,190 Euros for Xience. **CONCLUSIONS:** These findings suggest potential short term cost-savings with Absorb compared to Xience as a result of the reduced mean number of repeat PCIs. Future research is necessary to study total direct and indirect cost and long-term costs of each intervention.

PMD40

COST SAVING ASSOCIATED WITH GLUCOSE METER ACCURACCY IN SPAIN

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OBJECTIVES: ISO 15197:2003, states that 95% of the glucose results shall fall within ±15 mg/dl for concentrations ≤75 mg/dl and within ±20% for >75 mg/dl. Some measures which may fall into the recommended thresholds would be out of the limits of good metabolic control, not permitting to adjust the therapy, increasing the complication risk, and raising the associated costs. The objective was to estimate the annual cost saving in Spain by using glucose meters with better accuracy. **METHODS:** Two samples of true and read values were created according to type 1 and 2 diabetes (T1D, T2D) Spanish population data. Proportion of readings into the recommended thresholds whose true values were out of the limits was calculated. The complication risk associated with those false readings was estimated from the clinical trials, and the cost to manage complications was calculated from public costs. Cost of strips was included to estimate the total cost. The annual cost saving was the difference between the total cost (2015 €) of all Spanish patients in the base case (accuracy level, A20%) and other scenarios (A15%, A10%, and A5%). **RESULTS:** 100% of T1D (n: 116,160) and 32.2% of T2D patients (n: 957,511) will often need glycaemic self-monitoring, with a cost around 168 mill€. Not detected hyper/hypoglycemia values were estimated: 119,302; 81,025, 55,915 and 27,332 in A20%, A15%, A10%, and A5%, respectively. Total cost was 193.94 mill€; 183.94 mill€, 178.29 mill€, and 172.98 mill€, respectively, leading a saving cost of 10.006 mill€, 15.657 mill€ and 20.960 mill€, by changing from A20% to A15%, A10% and A5% scenario. **CONCLUSIONS:** Blood glucose meters with better accuracy leads to decrease complications risk which is associated with cost savings: when meters accuracy increases from 20% to 15% and 10%, cost savings are 5.9%, 9.3%, and 12.4% on total strips cost.

PMD41

COSTS ANALYSIS OF PCR UNYVEROTM I60-ITI TECHNIQUE FOR DETECTING MICROORGANISMS IN PATIENTS WITH SUSPECTED CHRONIC INFECTION AT MUSCULOSKELETAL IMPLANTS

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OBJECTIVES: Polymerase chain reaction (PCR) techniques could provide an earlier diagnosis than traditional techniques (TT) to identify chronic infections in patients with musculoskeletal implants. The aim was to determine costs associated to microorganism's diagnosis in sonicate samples of musculoskeletal implants, comparing the addition of a PCR technique (UnyveroTM i60-ITI) to TT versus TT only. **METHODS:** A preliminary cost analysis was developed to estimate the hospital costs in patients admitted at Fundación Jimenez Diaz Hospital (May-2014 to April-2015) for musculoskeletal implant removal due to chronic infection suspect. Sonicated samples were tested for microbiological diagnosis using TT. Additionally, samples were tested using UnyveroTM i60-ITI. Medical hospitals records were reviewed for data collection: sociodemographic data; type, dosing and antibiotic treatments; and hospital length of stay (LOS). Intravenous vancomycin and ceftazidime were selected as the initial empiric treatment. Replacement to a specific antibiotic was performed after microbiological diagnosis. Total estimated costs (€, 2015) included antibiotic treatment, hospital stay (€1,006 per day) and UnyveroTM i60-ITI kits (€350 per kit) costs. **RESULTS:** Ten patients were retrieved for preliminary analysis (average age: 75.39±6.31 years; 20% men). Hip (40%) and knee (40%) were the most frequent implant sites. Average period from implant removal to final diagnosis lasted 4.60±1.35 days with TT. UnyveroTM i60-ITI diagnosis was available 24h after removal. LOS was 24.4 days for TT and 23.3 days for UnyveroTM i60-ITI added to TT. The average antibiotic treatment cost was €1,016.01 for TT and €976.84 for UnyveroTM i60-ITI added to TT. Hospital stay cost was €25,591.26 for TT and €24,361.98 for UnyveroTM i60-ITI added to TT. The use of UnyveroTM i60-ITI reduced average total costs in €840.67. **CONCLUSIONS:** UnyveroTM i60-ITI PCR for microbiological identification in musculoskeletal implants sonicated is associated to faster diagnosis and shorter hospital stays than traditional techniques only, allowing cost savings at hospital level.

PMD42

THE COST OF NUTRITION ALTERNATIVES FOR PREMATURE INFANTS IN THE NEONATAL INTENSIVE CARE UNIT IN RUSSIA

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OBJECTIVES: To perform economic evaluation of donor breast milk (DBM) (using clinical breast pump) or artificial formula (AF) for premature infants in the neonatal intensive care unit (NICU) for Russian healthcare setting. **METHODS:** We calculated the cost of providing 100 ml of DBM using clinical breast pump and 100 ml of AF for premature infants in the NICU. The total cost of providing DBM was measured as: the breast pump cost, the individual pumping set cost and staff costs. The cost of providing AF was calculated using the mean cost per 100 ml for powdered AF and staff costs. We also calculated the cost per averted case of necrotizing enterocolitis (NE) for premature infant when breastfeeding instead of the AF is used. The cost of the averted NE was obtained using the difference in cost of feeding during the period, required for NE development and number of patients "needed to treat" (NNT) to prevent 1 NE case derived from the clinical trials. Besides we calculated the DBM cost when breast milk fortifier (BMF) is added for low-weight infants. **RESULTS:** The costs per 100 ml of AF and DBM were similar (0,67 EUR and 0,77 EUR respectively). The cost per averted case of NE was 344,5 EUR within 35 days that is less than NE treatment. The difference in costs (in favor of AF) amounted to 2,87 EUR per 100 ml with the use of BMF. **CONCLUSIONS:** The cost of DBM is comparable to the cost of AF, with a significant DBM clinical benefit. The costs per averted NE within 35 days shows that DBM is acceptable from the position of Russian health care system. When calculating the costs of DBM with the use of BMF, DBM costs exceed those for AF for more than 5 times.

PMD43

COST CONSEQUENCES OF SINGLE-USE AND RE-USE OF URINARY CATHETERS AMONG PATIENTS PERFORMING DAILY INTERMITTENT CATHETERIZATION

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OBJECTIVES: The material cost for reusing intermittent urinary catheters is lower than to use single-use catheters. These cost savings are misleading since complications may increase and lower compliance to the therapy can be expected, necessitating use of the second choice therapy form with even more complications, i.e. an indwelling catheter. The purpose of this cost-comparison study was to compare single-use of coated catheters to re-use of non-coated catheters in a group of individuals performing intermittent catheterization where some of them fail their first choice therapy and switch to an indwelling catheter. **METHODS:** A 1-year Markov simulation model with monthly cycles was developed for users of daily intermittent catheterization. Individuals who used 4 catheters/day (single-use) were compared to individuals who re-used their catheters (1 catheter/day). After one month's use, 18% of the patients in the single-use group were assumed to fail their treatment and switch to indwelling catheter. The corresponding frequency in the re-use group was 35%. The model was populated with risks from the literature for complications (e.g. symptomatic UTI, UTI resistant to antibiotics, pyelonephritis, bacteremia, epididymitis, strictures, bladder stones) as well as catheter and healthcare costs for single-use, re-use and indwelling catheters, respectively. **RESULTS:** The total annual catheter cost per patient was 2188 euros (including 163 euros for indwelling catheters) in the single-use group and 817 euros (including 317 euros for indwelling catheters) in the re-use group. The total annual cost per patient for

complications was 1243 euros in the single-use group and 2067 euros in the re-use group. **CONCLUSIONS:** Almost two thirds of the additional catheter cost associated with the single-use strategy in comparison to re-using catheters was offset from savings due to fewer complications. The decrease in patient suffering from fewer complications would also add to the benefits of single-use strategy.

PMD44

SELF-REPORTED MEDICATION COSTS IN PATIENTS RECEIVING SACRAL NEUROMODULATION FOR OVERACTIVE BLADDER

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OBJECTIVES: Many patients with overactive bladder (OAB) treated with anticholinergic medications (AM) continue to experience urinary symptoms; some may be candidates for specialized treatment including sacral neuromodulation (SNM). This analysis determined AM costs in OAB patients who were enrolled in the InSite study. **METHODS:** Subjects who failed >1 AM and were candidates for SNM were enrolled in a prospective, multicenter trial. For patients receiving SNM, AM use was not permitted during the first 6 months. Thereafter patients could use medication if needed. Patient-reported AM cost at 12 months post-implant, based on an economic impact questionnaire inquiring about AM cost over the past 2 months, was compared to baseline. AM cost at baseline and 6 months for a separate cohort randomized to standard medical therapy (SMT) is included for comparison. **RESULTS:** Of 231 SNM patients, 207 had baseline and follow-up data, of which, 74 (35.7%) reported baseline AM costs >$0. Of 74, 4 (5.4%) reported AM costs at 12 months. Of 133 patients with $0 baseline cost, five (3.8%) reported AM cost >$0 at 12 months. Of the 207, the average cost/patient over a 2-month period was $178 at baseline and $14 at 12 months post-implant. Of 75 SMT patients, 68 had baseline and follow-up data, of which, 28 (41.2%) reported baseline AM costs >$0. Of 28, 19 (67.9%) reported AM costs at 6 months. Of 40 patients with $0 baseline cost, 11 (27.5%) reported AM cost >$0 at 6 months. Of the 68, the average cost/patient over a 2-month period was $176 at baseline and $218 at 6 months. **CONCLUSIONS:** For patients receiving SNM, the average AM cost/patient markedly decreased by 92.1% at 12 months. Reductions were not seen for patients receiving SMT, where the average AM cost per patient increased by 23.9% at 6 months.

PMD45

A NEXT-GENERATION FRAMEWORK: DECIDING ON THE ROLE OF COSTS IN THE CLINICAL USE OF TARGETED GENE PANELS, EXOME AND GENOME SEQUENCING

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OBJECTIVES: Clinical use of next-generation sequencing(NGS) techniques has tremendously risen. This is the result of technological advancements and simultaneously decreasing sequencing costs. Although the long-awaited $1,000 genome seems near, a clear and complete overview of the costs of NGS techniques is currently missing. Moreover, it is still unclear how NGS technologies should be used in clinical practice. This study assesses the costs associated with three NGS technologies: Targeted gene panels(TGP), whole exome sequencing(WES), and whole genome sequencing(WGS). Additionally, a framework is constructed, balancing costs and diagnostic yield. **METHODS:** The total costs of TGP, WES and WGS were calculated at the Radboud university medical center. TGP, WES and WGS can be used in various diagnostic workflows in which one test could serve as a pre-test to another. A decision framework was constructed that takes into account the costs and diagnostic yields of various workflows, informing on which workflow is most favourable at what diagnostic yields. PRELIMINARY. **RESULTS:** The per-sample costs of TGP (€500) are two and five times lower than per-sample costs of WES (€1,000) and WGS (€2,600), respectively. Nevertheless, using it as a pre-test for WES or WGS is only cost-saving if its' diagnostic yield exceeds 60 or 20%, respectively. Using WES as a pre-test for WGS saves costs when its' diagnostic yield exceeds 40%. **CONCLUSIONS:** This study is the first complete overview of the costs of NGS technologies. Although it is often claimed that the $1,000 genome is near, our study shows that taking into account all direct medical costs associated with NGS, the costs of WGS are still considerably higher. The per-sample costs of TGP, WES and WGS are dependent on several assumptions, such as annual throughput and coverage. To assure transferability of our results, we constructed a flexible framework in which these assumptions can be adapted.

PMD46

COST-EFFECTIVENESS OF DEEP BRAIN STIMULATION (DBS) IN THE MANAGEMENT OF ADVANCED PARKINSON'S DISEASE: A SWEDISH PAYER PERSPECTIVE

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OBJECTIVES: Deep Brain Stimulation (DBS) for the treatment of advanced Parkinson's Disease (aPD) is a therapy supported with high-level clinical evidence, but to date its cost-effectiveness in the Swedish health care system has not been fully evaluated. Our objective was to evaluate the cost-effectiveness of DBS in aPD compared with best medical therapy (BMT), Duodopa and Apomorphine from the perspective of the Swedish payer. **METHODS:** A Markov model previously used to model the cost-effectiveness of DBS in the UK setting was updated and adapted to the Swedish setting, using local cost data, resource use estimates, anti-Parkinson drug protocols, hospital price lists, Swedish mortality data and expert opinion. Efficacy data were taken from an RCT of DBS versus BMT, combined with long-term disease data. In the absence of comparative clinical evidence, Duodopa and Apomorphine were assumed to have equivalent efficacy to DBS. The cost analysis covered: device acquisition, implantation, adverse event management, concomitant drug use, device replacements and follow-up. Cost data were taken from Swedish tariffs, drug list prices and device prices. Costs and QALYs were both discounted at 3% per year. **RESULTS:** The incremental cost-effectiveness ratio for DBS versus BMT was SEK 387,313 per QALY gained, using a time horizon of 15 years. DBS was predicted to be cost-saving versus Duodopa at 5 years (with a saving of SEK 534,000 per patient) and at 10 years versus Apomorphine. The key parameters in the model were the costs of the DBS device components and the unit costs of the advanced drug therapies. **CONCLUSIONS:** The results suggest that DBS is a cost-effective intervention compared with BMT, based on the informal threshold used in Sweden (SEK 500,000 per QALY gained). When compared against Apomorphine and Duodopa, the high initial costs of DBS equipment and implantation are offset in the long-term by reduced medication costs.

PMD47

ECONOMIC BENEFITS OF ENDOMETRIAL RADIOFREQUENCY ABLATION COMPARED WITH OTHER ENDOMETRIAL ABLATION TECHNIQUES IN WOMEN WITH MENORRHAGIA: A RETROSPECTIVE ANALYSIS WITH GERMAN HEALTH CLAIMS DATA

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OBJECTIVES: It is estimated that that approximately 10-30% of all women worldwide are affected by menorrhagia once in their life time. Several endometrial ablation techniques can be chosen in order to preserve the uterus while stopping or reducing uterine bleeding. Evidence reports that radiofrequency ablation (RFA) is easier and faster to apply and hence result in cost savings compared to other ablation devices. **METHODS:** A sex- and age adjusted database of >4 million insured were analysed (≈5% of the German SHI population). 32,246 patients suffering from menorrhagia were identified. These cases were further investigated for the application of RFA (intervention group) or other endometrial ablation techniques (rollerball/ loop resection/ balloon thermal ablation (control group)). Propensity score matching (PSM) was used to make both study groups appropriately comparable. Patients were observed for a follow-up period of 2 years. **RESULTS:** After performing PSM, 50 cases were included in the intervention group, while 38 cases were included in the control group. Data showed that patients treated with RFA would cause higher costs at the time point of treatment compared to others (€2,068 vs. €1,490; n.s.). However, during the 2-year follow-up period, the overall costs for controls were €1,254 higher than that for cases (€4,561 vs. €5,815; n.s.). The main cost drivers were medication costs from the outpatient setting (€495 vs. €1,228; n.s.), outpatient physician consultations (€1,355 vs. €1,683; n.s.) and inpatient treatments (€2,025 vs. €2,726; n.s.). The savings during follow-up compensated the higher costs in the beginning, so that each patient treated with RFA caused €676 less costs than patients treated with other endometrial ablation techniques. **CONCLUSIONS:** Although having small sample sizes, the results showed that patients treated with RFA cause less overall costs within 2 years. Main reasons for differences in costs were medications prescribed in the outpatient setting, inpatient treatments and outpatient physician consultations.

PMD48

COSTS AND COST-EFFECTIVENESS OF NON-INVASIVE PRENATAL DIAGNOSIS (NIPT) FOR DETECTION OF TRISOMY 21 IN SWEDEN

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OBJECTIVES: Non-invasive prenatal testing (NIPT) is a method that is based on small portions of cell-free fetal DNA (cffDNA) that is present in the woman's blood during pregnancy. Analysis of cffDNA in a blood sample can be used for different types of prenatal diagnosis. The use of NIPT to detect trisomies has developed rapidly over the past four years. The aim of this study was to examine the costs and cost effectiveness of NIPT to detect trisomy 21 (T21, Down's syndrome) in Sweden. **METHODS:** The procedures of a cost-analysis and a cost-effectiveness analysis were followed using true number of detected T21 as outcome. The main comparator was the 1st trimester combined test (nuchal translucency (NT) in combination with levels of free-β-hCG and PAPP-A). For the estimation of sensitivity and specificity of T21 using NIPT, a meta-analysis using data from 32 studies were used. Calculations were performed for 10 000 pregnancies with an average age of the women at 30 years, tested in week 12, and with an average risk of having trisomy 21 (1:526). The price of NIPT was set to €542 (no price is yet available in Sweden). Costs and quality of life related to living with T21 were not included. **RESULTS:** Using NIPT as a first line procedure increases the costs from about €2 M to more than €5 M and its cost-effectiveness ratio become about €2 M per extra true detected T21 compared to the combined test. Using NIPT as a second line procedure (following the combined test with a cut-off risk at 1:200) leads to reduced costs and fewer procedure-related miscarriages, but with 0.04 fewer T21 detected. **CONCLUSIONS:** The use of NIPT to test for T21 increases the number of detected T21. It is not possible to clarify what testing strategy (if any) that would be considered cost-effective.

PMD49

ESTIMATING THE ADDITIONAL INDIRECT COST SAVINGS OF A PROCALCITON-ALGORITHM IN ADULT ICU PATIENTS WITH SEPSIS, AS ACHIEVED THROUGH REDUCTION IN ANTIBIOTIC RESISTANCE AND C. DIFFICILE INFECTIONS

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OBJECTIVES: Procalcitonin (PCT) is a specific marker for differentiating bacterial from non-infective causes of inflammation that was recently proven cost-effective